

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:)

Winnie Joyce Gandingco, M.D.)

MBC File # 800-2015-014753

Physician's & Surgeon's)
Certificate No. A 102158)

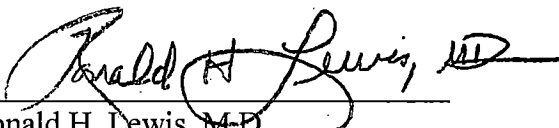
Respondent.)

**ORDER CORRECTING NUNC PRO TUNC
CLERICAL ERROR IN "CHAIR NAME" PORTION OF DECISION**

On its own motion, the Medical Board of California (hereafter "board") finds that there is a clerical error in the "chair name" portion of the Decision in the above-entitled matter and that such clerical error should be corrected so that the chair name will conform to the Board's chair.

IT IS HEREBY ORDERED that the chair name contained on the Decision Order Page in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the decision to read as "Ronald H. Lewis, M.D."

September 14, 2018



Ronald H. Lewis, M.D.
Chair
Panel A

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

Winnie Joyce Gandingco, M.D.

Case No. 800-2015-014753

**Physician's and Surgeon's
Certificate No. A 102158**

Respondent


DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on October 12, 2018.

IT IS SO ORDERED: September 13, 2018.

MEDICAL BOARD OF CALIFORNIA



**Ronald M. Lewis, M.D., Chair
Panel A**

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 DEMOND L. PHILSON
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8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12
13 In the Matter of the Accusation Against:

Case No. 800-2015-014753

14 **WINNIE JOYCE GANDINGCO, M.D.**
15 **The Permanente Medical Group**
16 **6600 Bruceville Road**
Sacramento, CA 95823

OAH No. 2017110543

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17 **Physician's and Surgeon's Certificate No.**
18 **No. A 102158**

19 Respondent.

20
21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
25 of California (Board). She brought this action solely in her official capacity and is represented in
26 this matter by Xavier Becerra, Attorney General of the State of California, by Demond L. Philson,
27 Deputy Attorney General.

28 ///

2. Respondent Winnie Joyce Gandingco, M.D. (Respondent) is represented in this proceeding by attorney John L. Fleer, whose address is: 1850 Mt. Diablo Blvd, Ste. 120 Walnut Creek, CA 94596

3. On or about November 28, 2007, the Board issued Physician's and Surgeon's Certificate No. A 102158 to Respondent. The Physician's and Surgeon's Certificate No. was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-014753, and will expire on March 31, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2015-014753 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 21, 2017. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2015-014753 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-014753. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2015-014753.

10. Respondent agrees that her Physician's and Surgeon's Certificate No. is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

11. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No. 800-2015-014753, shall be deemed true, correct, and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving respondent in the State of California.

12. Respondent agrees that her Physician's and Surgeon's Certificate No. A 102158 is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

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14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. No. A 102158 issued to Respondent Winnie Joyce Gandingco, M.D. is revoked.

1. **STANDARD STAY ORDER**. However, revocation stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

2. **EDUCATION COURSE**. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. **MEDICAL RECORD KEEPING COURSE**. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical

1 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
2 Medical Education (CME) requirements for renewal of licensure.

3 A medical record keeping course taken after the acts that gave rise to the charges in the
4 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
5 or its designee, be accepted towards the fulfillment of this condition if the course would have
6 been approved by the Board or its designee had the course been taken after the effective date of
7 this Decision.

8 Respondent shall submit a certification of successful completion to the Board or its
9 designee not later than 15 calendar days after successfully completing the course, or not later than
10 15 calendar days after the effective date of the Decision, whichever is later.

11 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
12 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
13 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
14 licenses are valid and in good standing, and who are preferably American Board of Medical
15 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
16 relationship with Respondent, or other relationship that could reasonably be expected to
17 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
18 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
19 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

20 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
21 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
22 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
23 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
24 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
25 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
26 signed statement for approval by the Board or its designee.

27 Within 60 calendar days of the effective date of this Decision, and continuing throughout
28 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall

1 make all records available for immediate inspection and copying on the premises by the monitor
2 at all times during business hours and shall retain the records for the entire term of probation.

3 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
4 date of this Decision, Respondent shall receive a notification from the Board or its designee to
5 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
6 shall cease the practice of medicine until a monitor is approved to provide monitoring
7 responsibility.

8 The monitor(s) shall submit a quarterly written report to the Board or its designee which
9 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
10 are within the standards of practice of medicine, and whether Respondent is practicing medicine
11 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
12 that the monitor submits the quarterly written reports to the Board or its designee within 10
13 calendar days after the end of the preceding quarter.

14 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
15 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
16 name and qualifications of a replacement monitor who will be assuming that responsibility within
17 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
18 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
19 notification from the Board or its designee to cease the practice of medicine within three (3)
20 calendar days after being so notified. Respondent shall cease the practice of medicine until a
21 replacement monitor is approved and assumes monitoring responsibility.

22 In lieu of a monitor, Respondent may participate in a professional enhancement program
23 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
24 review, semi-annual practice assessment, and semi-annual review of professional growth and
25 education. Respondent shall participate in the professional enhancement program at Respondent's
26 expense during the term of probation.

27 It is further agreed that if after two (2) years of Respondent complying with this condition,
28 the practice monitor deems that it is appropriate not to continue the monitoring into the third year,

1 then Respondent shall no longer be required to complete the third year of this condition.

2 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
3 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
4 Chief Executive Officer at every hospital where privileges or membership are extended to
5 Respondent, at any other facility where Respondent engages in the practice of medicine,
6 including all physician and locum tenens registries or other similar agencies, and to the Chief
7 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
8 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
9 calendar days.

10 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

11 6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
12 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
13 advanced practice nurses. During probation, Respondent is prohibited from supervising advanced
14 practice nurses, provided that this restriction shall not apply to respondent's employment with the
15 Permanente Medical Group and/or Kaiser Hospitals in the hospital and clinical settings.

16 7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
17 governing the practice of medicine in California and remain in full compliance with any court
18 ordered criminal probation, payments, and other orders.

19 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
20 under penalty of perjury on forms provided by the Board, stating whether there has been
21 compliance with all the conditions of probation.

22 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
23 of the preceding quarter.

24 9. GENERAL PROBATION REQUIREMENTS.

25 Compliance with Probation Unit

26 Respondent shall comply with the Board's probation unit.

27 Address Changes

28 Respondent shall, at all times, keep the Board informed of Respondent's business and

1 residence addresses, email address (if available), and telephone number. Changes of such
2 addresses shall be immediately communicated in writing to the Board or its designee. Under no
3 circumstances shall a post office box serve as an address of record, except as allowed by Business
4 and Professions Code section 2021(b).

5 Place of Practice

6 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
7 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
8 facility.

9 License Renewal

10 Respondent shall maintain a current and renewed California physician's and surgeon's
11 license.

12 Travel or Residence Outside California

13 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
14 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
15 (30) calendar days.

16 In the event Respondent should leave the State of California to reside or to practice,
17 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
18 departure and return.

19 10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
20 available in person upon request for interviews either at Respondent's place of business or at the
21 probation unit office, with or without prior notice throughout the term of probation.

22 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
23 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
24 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
25 defined as any period of time Respondent is not practicing medicine as defined in Business and
26 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
27 patient care, clinical activity or teaching, or other activity as approved by the Board. If
28 Respondent resides in California and is considered to be in non-practice, Respondent shall

1 comply with all terms and conditions of probation. All time spent in an intensive training
2 program which has been approved by the Board or its designee shall not be considered non-
3 practice and does not relieve Respondent from complying with all the terms and conditions of
4 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
5 on probation with the medical licensing authority of that state or jurisdiction shall not be
6 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
7 period of non-practice.

8 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
9 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
10 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
11 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
12 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

13 Respondent's period of non-practice while on probation shall not exceed two (2) years.

14 Periods of non-practice will not apply to the reduction of the probationary term.

15 Periods of non-practice for a Respondent residing outside of California will relieve
16 Respondent of the responsibility to comply with the probationary terms and conditions with the
17 exception of this condition and the following terms and conditions of probation: Obey All Laws;
18 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
19 Controlled Substances; and Biological Fluid Testing.

20 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
21 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
22 completion of probation. Upon successful completion of probation, Respondent's certificate shall
23 be fully restored.

24 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
25 of probation is a violation of probation. If Respondent violates probation in any respect, the
26 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
27 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
28 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have

1 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
2 the matter is final.

3 14. LICENSE SURRENDER. Following the effective date of this Decision, if
4 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
5 the terms and conditions of probation, Respondent may request to surrender his or her license.
6 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
7 determining whether or not to grant the request, or to take any other action deemed appropriate
8 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
9 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
10 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
11 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
12 application shall be treated as a petition for reinstatement of a revoked certificate.

13 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
14 with probation monitoring each and every year of probation, as designated by the Board, which
15 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
16 California and delivered to the Board or its designee no later than January 31 of each calendar
17 year.

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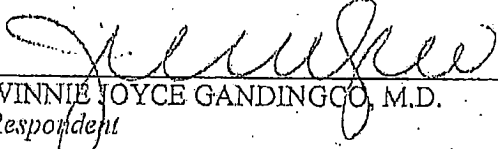
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1 ACCEPTANCE

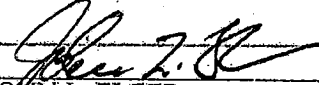
2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, John L. Fleer. I understand the stipulation and the effect it will
4 have on my Physician's and Surgeon's Certificate No. A 102158. I enter into this Stipulated
5 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
6 bound by the Decision and Order of the Medical Board of California.

7
8 DATED: 8/8/18


9 WINNIE JOYCE GANDINGCO, M.D.
Respondent

10 I have read and fully discussed with Respondent Winnie Joyce Gandingco, M.D. the terms
11 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
12 Order. I approve its form and content.

13 DATED: 8/9/18


14 JOHN L. FLEER
Attorney for Respondent

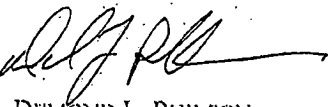
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16 ENDORSEMENT

17 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
18 submitted for consideration by the Medical Board of California.

19
20 Dated: 8/9/18

Respectfully submitted,

21 XAVIER BECERRA
Attorney General of California
22 STEVEN D. MUNI
Supervising Deputy Attorney General


23
24 DEMOND L. PHILSON
25 Deputy Attorney General
26 Attorneys for Complainant

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Exhibit A

Accusation No. 800-2015-014753

1 XAVIER BECERRA
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Supervising Deputy Attorney General
3 DEMOND L. PHILSON
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 21 20 17
BY [Signature] ANALYST

8
9 BEFORE THE
10 MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
11 STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 800-2015-014753

13 **Winnie Joyce Gandingco, M.D.**
6600 Bruceville Road
14 Sacramento, CA 95823

A C C U S A T I O N

15 Physician's and Surgeon's Certificate No. A 102158,
16 Respondent.

17
18
19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On or about November 28, 2007, the Medical Board issued Physician's and Surgeon's
25 Certificate No. Number A 102158 to Winnie Joyce Gandingco, M.D. (Respondent). The
26 Physician's and Surgeon's Certificate No. A 102158 was in full force and effect at all times
27 relevant to the charges brought herein and will expire on March 31, 2019, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2234 of the Code, states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

“(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

“(b) Gross negligence.

“(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

“(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

“(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

“(d) Incompetence.

“(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

“(f) Any action or conduct which would have warranted the denial of a certificate.

“(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

“(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.”

5. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

6. Respondent Winnie Joyce Gandingco, M.D. is subject to disciplinary action under section 2234 subdivision (c) of the Code in that she committed repeated negligent acts in the care and treatment of patients S.M. and G.N. The circumstances are as follows:

Patient S.M.

7. The Medical Board of California received a Report of Settlement filed by the Kaiser Foundation Health Plan, Inc. notifying that it had paid a settlement on behalf of Respondent to patient S.M. for failure to diagnose a pulmonary embolism.

8. Patient S.M. was a 25-year-old female patient with a history of panic attacks, obesity and low back pain who saw Respondent on January 28, 2013 complaining of depression and pain in her chest. Respondent diagnosed her with major depression and costochondritis¹ and prescribed Wellbutrin and Tylenol. Instructions were given asking the patient to follow up in the event of worsening or new symptoms. Respondent should have performed a CT Angiogram of patient S.M.'s chest due to the probability of pulmonary embolism. Respondent failed to perform a CT Angiogram which would have allowed her to clinically diagnose patient S.M. with bilateral pulmonary emboli.²

¹ Costochondritis is an inflammation of the junctions where the upper ribs join with the cartilage that holds them to the breastbone, or sternum. The condition causes localized chest pain that you can reproduce by pushing on the cartilage in the front of your ribcage.

² Pulmonary embolism is a blockage in one of the pulmonary arteries in your lungs. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from the legs or, rarely, other parts of the body (deep vein thrombosis).

1 9. The documentation on the January 28, 2013, visit has no details about patient S.M.'s
2 report of chest pain and whether or not she had shortness of breath, dizziness, weakness, cough or
3 swelling. The eight-point review of systems noted "negative" for all symptoms including the
4 cardiovascular and respiratory systems. This review did not match the rest of patient S.M.'s
5 history. The physical exam reports that patient S.M. was alert, oriented, and in no distress. This
6 does not match the interview in which the patient was described as tearful and upset. It is crucial
7 to describe the emotional state of a patient presenting with depression or anxiety. The physical
8 examination should include affect, mood, grooming, level of attention, eye contact, speech
9 quality, the presence of injuries, as well as ability to answer questions. The review of symptoms
10 should list specifically the symptoms which were inquired about, not just general categories.

11 10. The following day, on January 29, 2013, Patient S.M. sent Respondent an email
12 describing a bad reaction to the Wellbutrin. Specifically, the patient reported symptoms of
13 "anxiety, nausea and delirium" and requested a prescription for Zoloft.³ Respondent granted the
14 new prescription as requested.

15 11. Six days after the initial visit, on February 3, 2013, patient S.M. suffered cardiac
16 arrest caused by bilateral pulmonary emboli. Patient S.M had severe, permanent anoxic brain
17 damage as a result of the pulmonary emboli.

18 12. On February 11, 2013, a MRI of patient S.M.'s brain showed diffuse hypoxic injury.
19 On March 15, 2013, patient S.M. was discharged home.

20 13. Respondent committed acts of repeated negligence in her care and treatment of
21 patient S.M., which included, but was not limited to, the following:

22 (a) Respondent's failure to diagnose pulmonary embolism represents a departure
23 from the standard of care;

24 (b) Respondent's failure to adequately and accurately document medical records
25 represents a departure from the standard of care;

26 ///

27 ³ Zoloft (sertraline) is an antidepressant in a group of drugs called selective serotonin
28 reuptake inhibitors.

Patient G.N

14. Respondent treated patient G.N., a 52-year-old man with chronic conditions including obesity, diabetes mellitus, hypertension, hypertriglyceridemia, diabetic retinopathy, sleep apnea and tobacco abuse for three (3) years.

15. On April 7, 2014, patient G.N. presented for an office visit complaining of cough, tremor, numbness on his left side and a lump on his right hand. In the history of presenting complaints, patient G.N. mentions a wrist lump, two episodes of left sided numbness and weakness lasting seconds, which spontaneously resolved in the last couple of weeks. The review of patient G.N.'s systems was entirely negative. Patient G.N.'s physical exam was recorded as entirely normal. Auscultation of patient G.N.'s carotid arteries was not performed. In the assessment, Respondent listed diabetic retinopathy, diabetes, hypertension, hypertriglyceridemia, obstructive sleep apnea, obesity and discussed smoking cessation. Respondent charted patient G.N. was not ready to quit smoking and that he suffered a transient ischemic attack. For the transient ischemic attack, Respondent recommended patient G.N. continue taking aspirin, statin, and blood pressure medication. Respondent also advised patient G.N. to seek emergency care in the event he developed more symptoms. Respondent failed to diagnose patient G.N.'s carotid artery stenosis.

16. In treating patient G.N. for suspected transient ischemic attack, Respondent should have ruled out acute brain injury, and identified potential causes of the symptoms as quickly as possible. Respondent did not initiate a diagnostic evaluation of patient G.N.'s carotid arteries to rule out carotid artery stenosis.

17. On April 27, 2014, patient G.N. suffered an acute stroke secondary to a total, right sided carotid artery occlusion. Patient G.N. underwent tissue plasminogen treatment⁴ and aggressive medical management. Patient G.N. also had inpatient rehabilitation. Patient G.N. has

⁴ Alteplase IV r-tPA is given through an IV in the arm, also known as tPA, and works by dissolving the clot and improving blood flow to the part of the brain being deprived of blood flow.

1 permanent, disabling neurological damage from the stroke, left sided hemiparesis and speech
2 impairment. Patient G.N.'s stroke could have been avoided if Respondent had initiated a
3 diagnostic evaluation of patient G.N.'s carotid arteries at the April 7, 2014 visit.

4 18. Respondent was negligent in his care and treatment of patient G.N., which included,
5 but was not limited to, Respondent's failure to order a carotid ultrasound after a suspected
6 transient ischemic attack.

7 **SECOND CAUSE FOR DISCIPLINE**

8 **(Failure to Maintain Adequate and Accurate Records)**

9 19. Respondent is subject to disciplinary action under section 2266 of the Code in that he
10 failed to maintain adequate and accurate medical records in the care and treatment of patient S.M.
11 The circumstances are as follows:

12 20. Paragraphs 7 through 12 above, are repeated here as if fully set forth.

13 21. Respondent's inadequate and inaccurate medical record keeping in her care and
14 treatment of patient S.M., as described above, constitutes a violation of section 2266 of the Code
15 and thereby provides cause for discipline to Respondent's license.

16 **PRAYER**

17 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
18 and that following the hearing, the Medical Board of California issue a decision:

19 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 102158, issued
20 to Winnie Joyce Gandingco, M.D.;

21 2. Revoking, suspending or denying approval of Winnie Joyce Gandingco, M.D.'s
22 authority to supervise physician assistants and advanced practice nurses;

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1 3. Ordering Winnie Joyce Gandingco, M.D., if placed on probation, to pay the Board the
2 costs of probation monitoring; and

3 4. Taking such other and further action as deemed necessary and proper.
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6 DATED: JULY 21, 2017


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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